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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1,000	or other man An Add	iorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Oregon Right To Life V	/ictory PAC		ı
ADDRESS (number and street)	4335 River Rd North		
▼ Check if different			
than previously reported. (ACC)	Salem		OR 97303 - -
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00592303		S THIS NEW EPORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3	3)	M = M / D = D /	in the
Year-End Report (YE	E) Election	n on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on//	in the State of
5. Covering Period 04	01 2016	through 06	30 2016
I certify that I have examined this	s Report and to the best of	my knowledge and belief it is	rue, correct and complete.
Type or Print Name of Treasurer	Atteberry, Gayle, , ,		
Signature of Treasurer Atteber	rry, Gayle, , ,	[Electronically Filed]	Date 10 / 17 / 2016
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		Ü
Oregon Right To Life Victory PAC		
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		196249.07
(b) Cash on Hand at Beginning of Reporting Period	252481.21	
(c) Total Receipts (from Line 19)	14275.00	89454.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	266756.21	285703.17
7. Total Disbursements (from Line 31)	72781.43	91728.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193974.78	193974.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multication	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Oregon Right To Life Victory PAC

I. Receipts ibutions (other than loans) From: ndividuals/Persons Other Than Political Committees i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ndividuals/Persons Other Than Political Committees	0.00	
Than Political Committees	0.00	
	0.00	
	3.00	1250.00
ii) Unitemizediii) TOTAL (add	1275.00	75204.10
Lines 11(a)(i) and (ii)	1275.00	76454.10
	0.00	0.00
such as PACs)	13000.00	13000.00
1(a)(iii), (b), and (c)) (Carry Fotals to Line 33, page 5)	14275.00	89454.10
	0.00	0.00
pans Received	0.00	0.00
	0.00	0.00
y Totals to Line 37, page 5)	0.00	0.00
deral Candidates and Other	0.00	0.00
Federal Receipts		
fers from Non-Federal and Levin Funds	0.00	0.00
	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Such as PACs)	Political Party Committees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
(a) A	ating Expenditures: Allocated Federal/Non-Federal				
	Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
	Other Federal Operating				
	xpenditures	2376.37	20733.60		
	otal Operating Expenditures	2276 27	20733.60		
	add 21(a)(i), (a)(ii), and (b))▶ fers to Affiliated/Other Party	2376.37	20733.00		
	nittees	0.00	0.00		
	ibutions to	4 4			
and (al Candidates/Committees Other Political Committees	0.00	0.00		
Indep	endent Expenditures		4 4		
(use	Schedule E)linated Party Expenditures	70305.06	70305.06		
(52 U	.S.C. § 30116(d))	0.00			
(use	Schedule F)	0.00	0.00		
Loan	Repayments Made	0.00	0.00		
Louit		0.00	0.00		
Loans	Made	0.00	0.00		
Refur	lds of Contributions To: ndividuals/Persons Other	4 4			
	han Political Committees	100.00	133.73		
	Political Party Committees	0.00	0.00		
(-)	Other Political Committees				
	such as PACs)	0.00	0.00		
` '	Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	100.00	133.73		
Other	Disbursements (Including				
Non-F	Federal Donations)	0.00	556.00		
	. =		45. 45. 45.		
	ral Election Activity (52 U.S.C. § 30101(2	(0))			
. ,	Allocated Federal Election Activity from Schedule H6)				
,	i) Federal Share	0.00	0.00		
(,	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) F	ederal Election Activity Paid	7 7 7			
	Entirely With Federal Funds	0.00	0.00		
	Total Federal Election Activity (add				
L	ines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total	Dishuraamanta (add Lines 04/s) 00				
	Disbursements (add Lines 21(c), 22, 4, 25, 26, 27, 28(d), 29 and 30(c))				
23, 2	+, 20, 20, 21, 20(u), 28 and 30(b))	72781.43	91728.39		
Total	Federal Disbursements				
(subtr	act Line 21(a)(ii) and Line 30(a)(ii)				
	Line 31)	72781.43	91728.39		
	·		51720.33		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC Form 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14275.00	89454.10
34. Total Contribution Refunds (from Line 28(d))	100.00	133.73
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14175.00	89320.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2376.37	20733.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2376.37	20733.60

Receipt For:

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

В.

C.

SCHEDULE ITEMIZED F

Image# 201610179032890712			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 OF 31 (check only one)
		Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Oregon Right To Life Victory F	PAC		
Full Name of Individual (Last, First, Middle Ir NATIONAL RIGHT TO LIFE VICTORY		rganization Name	Date of Receipt
Mailing Address 512 10TH STREET, NW			04 25 2016
City	State	Zip Code	Transaction ID : SA11C.4328
WASHINGTON	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0509893	13000.00
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item DONATION
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 13000.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item

Aggregate Year-to-Date ▼

13000.00

13000.00

S П

Use separate schedule(s) to check only one) Debuted Summary Page	SCHEDULE B (FEC Form 3X)			FOR LINE	PAGE 7 OF 31				
Detailed Summary Page 288 280 280 290 500	ITEMIZED DISBURSEMENTS			T (OLIGOR OLL)					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commetcial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In FILE Victory PAC) Full Name (Last, First, Middle Initial) A. Columbia Bank Mailing Address 4280 River Rd N City Rizzer Purpose of Disbursement bank fees Candidate Name City Rizzer President Other (specify) State City Rizzer Primary General Disbursement Disb									
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Paul) Oregon Right To Life Victory PAC Full Name (Last, First, Middle Initial) City State Zip Code OR 27303 Full Name (Last, First, Middle Initial) City State Zip Code OR 27303 Full Name (Last, First, Middle Initial) Carididate Name Carididate Name District Full Name (Last, First, Middle Initial) State: District Full Name (Last, First, Middle Initial) City Mailing Address 4260 River Rd N City Category/ Type District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) Carididate Name Category/ Type District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) Carididate Name Carididate Name Carididate Name Carididate Name Category/ Type District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Memoritem FEC Identification Number Category/ Type Transaction D: SB218.4423 Anount of Each Disbursement this Peniod Transaction D: SB218.4423 Anount of Each Disbursement this Peniod Transaction D: SB218.4423 Anount of Each Disbursement this Peniod Transaction D: SB218.4423 Anount of Each Disbursement this Peniod Transaction D: SB218.4423 Anount of Each Disbursement this Pen	Any information conied from such Deports and State	omanta may	not be cold or us						
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Reizer	•		'		FEC Identific	cation Number			
Dark fees Candidate Name Category/ Office Sought: House President		OR	97303						
Candidate Name Category/ Type	•			001					
Office Sought: House Disbursement For: Senate President Other (specify) ▼ Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement	Candidate Name								
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B. Columbia Bank Mailing Address 4260 River Rd N City Keizer Purpose of Disbursement bank fees Candidate Name Office Sought: House President State: District: City Keizer Primary Category/ Type Office Sought: City Senate President State: District: Columbia Bank Mailing Address 4260 River Rd N Disbursement For: Senate President Other (specify) Category/ Type Disbursement District: FEC Identification Number Category/ Type Transaction ID: SB21B.4415 Amount of Each Disbursement this Period Transaction ID: SB21B.4415 Amount of Each Disbursement this Period Transaction ID: SB21B.4415 Amount of Each Disbursement this Period Transaction ID: SB21B.4415 Amount of Each Disbursement Date of Disbursement this Period Transaction ID: SB21B.4423 Amount of Each Disbursement this Period Transaction ID: SB21B.4423 Amount of Each Disbursement this Period Transaction ID: SB21B.4423 Amount of Each Disbursement this Period Columbia Bank Each Columbia Bank Mailing Address 4260 River Rd N City Keizer Purpose of Disbursement Dank fees Candidate Name Office Sought: House Disbursement For: Category/ Type Transaction ID: SB21B.4423 Amount of Each Disbursement this Period Columbia Bank Memo Item Substortal of Disbursements This Page (optional)		Other (spe	ecify) \blacktriangledown		Memo It	em			
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Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrict: Memo Item Substrict: 108.27 Memo Item					Amount of E	ach dispursement this Period			
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On 5/23/2016, David Kilada paid for meeting registration for \$40.00, reimbursed on 6/1/2016 check #124.

Form/Schedule: Transaction ID:

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PAGE 12 OF 31 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Oregon Right To Life Victory PAC C00592303 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee ALPHA MEDIA LLC 25 2016 Mailing Address 1211 SW 5TH AVENUE SUITE 600 Amount State 10000.00 City Zip Code OR 97204 Transaction ID: SE.4526 **PORTLAND** Date of Disbursement or Obligation Purpose of Expenditure Category/ radio ads for Colm For Congress 007 2016 Type Name of Federal Candidate: 05 **X** Support Office Sought: **X** House District: WILLIS, COLM, , , OR Oppose President Senate State: Disbursement For: x Primary General Calendar Year-To-Date 10000.00 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **CASEY HILL** 2016 20 Mailing Address 1642 SW 58TH AVE Amount 4.33 City State Zip Code **PORTLAND** Transaction ID: SE.4534 OR 97221 Date of Disbursement or Obligation Purpose of Expenditure Category/ **DESIGN FOR VOTER GUIDE** 006 18 2016 Type Name of Federal Candidate: x Support Office Sought: House District: CRUZ, RAFAEL EDWARD 'TED', , , Oppose **X** President Senate State: Disbursement For: **✗** Primary General Calendar Year-To-Date 4.33 2016 Per Election for Office Sought Other (specify) ▶ 10004.33 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Atteberry, Gayle, , , [Electronically Filed] 17 2016 Date Signature

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NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee CASEY HILL		☐ Memo	Item Date	of Public Distribution/Dissemination
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Mailing Address 1642 SW 58TH AVE			Amo	unt
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Name of Federal Candidate:		✗ Support	Office Soug	aht: X House District: 05
WILLIS, COLM, , ,		Oppose	Presi	,OP
Calendar Year-To-Date		21006.97	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7 7	21000.57	2016	Other (specify) ▶
Full Name of Payee Eagle Mailing Service		☐ Memo	Item Date	of Public Distribution/Dissemination
				04 20 7 2016
Mailing Address 4907 Indian School Rd NE			Amo	unt
City	State	Zip Code		1.31
Salem	OR	97305		nsaction ID : SE.4358
Purpose of Expenditure		Category/		of Disbursement or Obligation
voter guide		Type 006		05 02 2016
Name of Federal Candidate:		x Support	Office Sou	ght: House District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	X Presi	dent Senate State:
Calendar Year-To-Date		23283.96	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	÷		· •	14.28
(a) SUBTOTAL of Unitemized Independent Expenditu	res		→ [
(a) TOTAL Independent Expenditures			· • []	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	[Electronically File	od1	M = M	D D / Y Y Y Y Y Y
Signature		Date	10	17 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Eagle Mailing Service		☐ Memo	Item Date	te of Public Distribution/Dissemination
Lagie Mailing Gervice				04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE			Am	ount
City	State	Zip Code	$ \Gamma$	1.31
Salem	OR	97305		ansaction ID : SE.4360
Purpose of Expenditure voter guide		Category/ Type 006		te of Disbursement or Obligation 05 / 02 / 2016
Name of Federal Candidate:		✗ Support	Office Sor	ught: House District:
STEWART, FAYE, , ,		Oppose		sident Senate State: OR
Calendar Year-To-Date		4.24	Disbursen	nent For: X Primary General
Per Election for Office Sought	7 7	1.31	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	te of Public Distribution/Dissemination
Eagle Mailing Service				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE			Δm	ount
City	State	Zip Code	L L	2.14 ansaction ID : SE.4361
Purpose of Expenditure	OR	97305		te of Disbursement or Obligation
voter guide		Category/ Type 006		05 / 02 / 2016
Name of Federal Candidate:		✗ Support	Office Soi	ught: House District: 05
WILLIS, COLM, , ,		Oppose	Pres	sident Senate State: OR
Calendar Year-To-Date		28745.18	Disbursen	nent For: 🗶 Primary 🔲 General
Per Election for Office Sought	7 7	20.101.0	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			3.45
(a) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	[Electronically File	ed1	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 10	17 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 31 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Oregon Right To Life Victory PAC				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee Eagle Mailing Service		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 4907 Indian School Rd NE				04 20 2016 Amount
City	State	Zip Code		0.42
Salem	OR	97305		Transaction ID : SE.4362
Purpose of Expenditure voter guide		Category/ Type 006		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	Sought: House District:
WEAVER, PAUL, , ,		Oppose		President State: OR
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	1.73	Disburs 2016	sement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Eagle Mailing Service				04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE				Amount
City	State	Zip Code		1.25
Salem	OR	97305		Transaction ID : SE.4363 Date of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		05 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought:
PERKINS, JO RAE, , ,		Oppose	F	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	<i>7 7</i>	5.67	Disburs 2016	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1.67
(10000000000000000000000000000000000000				
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	Electronically Fil	ed1	M = 1	M / D D / Y Y Y Y Y
Signature	con omeany 1 th	_ Date	e 10	17 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 31 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Oregon Right To Life Victory PAC			C	C00592303
			M M	/ D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	
Full Name of Payee Eagle Mailing Service		☐ Memo	tem Date of Publ	ic Distribution/Dissemination
Mailing Address 4907 Indian School Rd NE			04	20 2016
			Amount	
City	State	Zip Code		1.25
Salem	OR	97305		ID: SE.4365 ursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006	05	02 / 2016
Name of Federal Candidate:		✗ Support	Office Sought:	X House District: 04
ROBINSON, ART, , ,		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	6.92	Disbursement For: 2016 Other (s	▼ Primary General pecify) ▶
Full Name of Payee		☐ Memo	tem Date of Publ	ic Distribution/Dissemination
Eagle Mailing Service			M M	/ D D / Y Y Y Y Y
Mailing Address 4007 Indian Cahaal Bd NE			04	20 2016
4907 Indian School Rd NE			Amount	
City	State	Zip Code		0.42
Salem	OR	97305		ID: SE.4366 ursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006	05	02 / 2016
Name of Federal Candidate:		x Support	Office Sought:	✗ House District:02
WALDEN, GREGORY P MR., , ,		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		1.16	Disbursement For: 2016	rimary General
	7		Other (s	pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			>	1.67
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Atteberry, Gayle, , ,	Electronically Fil	[ed] Date	10 / 17	/ Y Y Y Y Y 2016
Signature	<u> </u>	_ Date	10 17	20.0

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Oregon Right To Life Victory PAC				
				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Eagle Web Press				04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4901 Indian School Rd NE			Amo	unt
City	State	Zip Code	-	3.14
Salem	OR	97305		saction ID : SE.4371 of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	x Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	23287.10	Disburseme	ent For: 🗶 Primary General Other (specify) 🕨
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Eagle Web Press				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4901 Indian School Rd NE				
			Amo	unt
City	State	Zip Code		3.14
Salem	OR	97305		of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		M 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
STEWART, FAYE, , ,		Oppose	Presid	dent Senate State: OR
Calendar Year-To-Date		4.87	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7-1-1-7-	4.07	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditure				6.28
(-,				
(a) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	[Electronically Fil	odl	M = M /	D D / Y T Y T Y
Signature	Гистопиану F Ш	Date	e 10	17 2016

TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 18 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Eagle Web Press				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4901 Indian School Rd NE			Amo	unt
City	State	Zip Code	$ \Gamma$	5.12
Salem	OR	97305		saction ID : SE.4373 of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		M 05
Name of Federal Candidate:		X Support	Office Soug	ght: K House District: 05
WILLIS, COLM, , ,		Oppose	Presid	dent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	28750.30	Disburseme	ent For: x Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Eagle Web Press				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4901 Indian School Rd NE			Amo	unt
City	State	Zip Code		0.99
Salem	OR	97305		nsaction ID : SE.4374 of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ght: House District:
WEAVER, PAUL, , ,		Oppose	Presid	dent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	5.86	Disburseme	ent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s			6.11
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		· [
(a) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Atteberry, Gayle, , ,	[Electronically File	od1	M = M /	D D / Y Y Y Y
Signature	LECTIONICALLY FIR	_ Date	10	17 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Oregon Right To Life Victory PAC				
				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Eagle Web Press				M 04
Mailing Address 4901 Indian School Rd NE			Amo	punt
City	State	Zip Code	-	2.97
Salem	OR	97305		nsaction ID : SE.4375 e of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		05 / 02 / 2016
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 04
PERKINS, JO RAE, , ,		Oppose		ident Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	9.89	Disburseme 2016	ent For: x Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Eagle Web Press				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4901 Indian School Rd NE				0, 20, 20,0
100 / 1110101 / 100101 / 100101			Amo	punt
City	State	Zip Code		2.97
Salem	OR	97305	I	nsaction ID : SE.4376 e of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sou	ght: 🗶 House District:04
ROBINSON, ART, , ,		Oppose	Pres	ident Senate State: OR
Calendar Year-To-Date		12.86	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7 - 1 - 7 -	12.00	2016	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditure				5.94
(a) SOBTOTAL OF OTHER MIZES INDEPENDENT EXPENDITION			•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	Electronically Fil	odl	M = M	/ D D / Y Y Y Y Y
Signature	<u> Баса опишну Г</u> Ш	Date	9 10	17 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼
Cregori Right To Life Violory 1770				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Eagle Web Press				04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4901 Indian School Rd NE			Am	ount
City	State	Zip Code	— F	0.99
Salem	OR	97305		nsaction ID : SE.4432 e of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006		05
Name of Federal Candidate:		X Support	Office Sou	ight: X House District: 02
WALDEN, GREGORY P MR., , ,		Oppose		sident Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	2.15	Disbursem 2016	nent For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Gateway Communications, Inc				04 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16805 NE Mason Court				
			Am	ount
City	State	Zip Code		7732.28
Portland	OR	97230		ansaction ID : SE.4528 e of Disbursement or Obligation
Purpose of Expenditure MAILING FOR COLM FOR CONGRESS		Category/ Type 006		04 / 27 / 2016
Name of Federal Candidate:		x Support	Office Sou	ıght: 🗷 House District: 05
WILLIS, COLM, , ,		Oppose	Pres	sident Senate State: OR
Calendar Year-To-Date		28739.25	Disbursem	nent For: 🗶 Primary General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	7733.27
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Atteberry, Gayle, , ,	Electronically Fil	odl	M = M	/ D D / Y Y Y Y Y
Signature	<u> Басионици</u> Ги	_ Date	10	17 2016

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Oregon Right To Life Victory PAC			FEC IDENTIFICATION NUMBER ▼
			C C00592303
Check if 24-hour report 48-hour report	New rep	ort Amends repor	rt filed on
Full Name of Payee Gateway Communications, Inc		☐ Memo I	Date of Public Distribution/Dissemination
Mailing Address 16805 NE Mason Court			04 28 2016
			Amount
City	State	Zip Code	23276.00
Portland	OR	97230	Transaction ID : SE.4380 Date of Disbursement or Obligation
Purpose of Expenditure post card mailing		Category/ Type 006	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	23282.65	Disbursement For: x Primary General 2016 Other (specify) ▶
Full Name of Payee		☐ Memo I	Item Date of Public Distribution/Dissemination
Gateway Communications, Inc			05
Mailing Address 16805 NE Mason Court			Amount
City	State	Zip Code	331.33
Portland	OR	97230	Transaction ID : SE.4381 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
post card mailing		Type 006	05 10 2016
Name of Federal Candidate:	_	x Support	Office Sought: House District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	Y President Senate State:
Calendar Year-To-Date Per Election for Office Sought		23623.43	Disbursement For: X Primary General 2016
	7 7		U Other (specify) ►
(a) CURTOTAL of the mineral hardens and and Free and the man			2007.00
(a) SUBTOTAL of Itemized Independent Expenditures			23607.33
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		>
(a) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Atteberry, Gayle, , ,	Electronically Fil	led] Data	10 17 2016
Signature		Date	10 17 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Oregon Right To Life Victory PAC C00592303 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Gateway Communications, Inc. 06 2016 Mailing Address 16805 NE Mason Court Amount City State 331.32 Zip Code OR 97230 Transaction ID: SE.4382 Portland Date of Disbursement or Obligation Purpose of Expenditure Category/ postcard mailing 006 10 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: STEWART, FAYE, , , OR Oppose President **x** Senate State: Disbursement For: x Primary General Calendar Year-To-Date 337.18 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Gateway Communications, Inc. 2016 06 05 Mailing Address 16805 NE Mason Court Amount 250.33 City State Zip Code Transaction ID: SE.4383 Portland OR 97230 Date of Disbursement or Obligation Purpose of Expenditure Category/ postcard mailing 006 10 2016 05 Type Name of Federal Candidate: x Support Office Sought: House District: CRUZ, RAFAEL EDWARD 'TED', , , Oppose **X** President Senate State: Disbursement For: **✗** Primary General Calendar Year-To-Date 23873.76 2016 Per Election for Office Sought Other (specify) ▶ 581.65 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Atteberry, Gayle, , , [Electronically Filed] 17 2016 Date Signature

PAGE

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 31 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Oregon Right To Life Victory PAC				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Gateway Communications, Inc		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 16805 NE Mason Court			Δ	05 06 2016 mount
City	Ctoto	Zin Codo		250.33
City Portland	State	Zip Code 97230	I	ransaction ID : SE.4384
Purpose of Expenditure postcard mailing		Category/ Type 006		ate of Disbursement or Obligation M 05
Name of Federal Candidate:		✗ Support	Office S	ought: House District:
STEWART, FAYE, , ,		Oppose		resident Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	587.51	Disburse 2016	ement For: x Primary General Other (specify) ▶
Full Name of Payee		Memo	Item D	rate of Public Distribution/Dissemination
Gateway Communications, Inc			NO.	M M / D D / Y Y Y Y Y
Mailing Address 16805 NE Mason Court			Α	05 11 2016 mount
City	State	Zip Code		7713.42
Portland	OR	97230		Fransaction ID : SE.4386 late of Disbursement or Obligation
Purpose of Expenditure postcard mailing		Category/ Type 006		05 12 2016
Name of Federal Candidate:		✗ Support	Office S	ought: House District: 05
WILLIS, COLM, , ,		Oppose	Pr	resident Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	T T	36583.72	Disburse 2016	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				7963.75
(a) SUBTOTAL of Unitemized Independent Expenditure	700		. г	
(a) SOBTOTAL OF Officernized independent Expenditure	C 3			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 10	17 2016

TEMIZED INDEPENDENT EXPENDITU	RES			PAGE 24 OF 31 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)			EEC	IDENTIFICATION NUMBER ▼	
Oregon Right To Life Victory PAC			C	C00592303	
				000002000	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y	
Full Name of Payee		☐ Memo	Item Date of Pub	olic Distribution/Dissemination	
Gateway Communications, Inc			05 M	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 16805 NE Mason Court			Amount		
City	State	Zip Code		3000.00	
Portland	OR	97230	Transaction	n ID : SE.4387	
Purpose of Expenditure				bursement or Obligation	
polling		Category/ Type 005	05 ^M	16 2016	
Name of Federal Candidate:		X Support	Office Sought:	₩ House District: 05	
WILLIS, COLM, , ,		Oppose	President	Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		39583.72	Disbursement For: 2016 Other (▶ Primary General specify) ▶	
Full Name of Payee		☐ Memo	1	olic Distribution/Dissemination	
Gateway Communications, Inc			M M	/ D D / Y Y Y Y	
Mailing Address 16805 NE Mason Court			05	11 2016	
10003 NE Mason Court			Amount		
City	State	Zip Code		6242.00	
Portland	OR	97230	Transactio	n ID : SE.4388 bursement or Obligation	
Purpose of Expenditure voter calls		Category/ 005	M = M	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
votor cans		Type 003	05	23 2010	
Name of Federal Candidate:		x Support	Office Sought:	₩ House District:05	
WILLIS, COLM, , ,		Oppose	President	Senate State: OR	
Calendar Year-To-Date		45825.72	Disbursement For: 2016	rimary General	
Per Election for Office Sought			Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expend	litures		>	9242.00	
(a) SUBTOTAL of Unitemized Independent Expe	enditures		·		
(a) TOTAL Independent Expenditures					
(4, 10 112 1125512011 2					
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized				
Atteberry, Gayle, , ,	[Electronically Fil	led1		D / Y Y Y Y Y Y	
Signature	гыссионишу Ри	_ Date	10 17	2016	

TEMPED MOET ENDERT EXTENDED				PAGE 25 OF 51
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼
Oregon Right To Life Victory PAC				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	o Item	Date of Public Distribution/Dissemination
Kilada, David, , ,				05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4335 River Rd N				Amount
		T 0 1		500
City	State	Zip Code		5.00
Keizer	OR	97303		Transaction ID : SE.4378 Date of Disbursement or Obligation
Purpose of Expenditure facebook ads charged on David's Kilada's credit care	d	Category/ Type 00	06	05 10 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	23292.10	Disbu 2016	ursement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	o Item	Date of Public Distribution/Dissemination
Kilada, David, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4335 River Rd N				20 2010
4000 NIVEL ING IV				Amount
City	State	Zip Code		20.00
Keizer	OR	97303		Transaction ID : SE.4379 Date of Disbursement or Obligation
Purpose of Expenditure Facebooks ads David Kilada paid by credit card		Category/ Type 00	6	05 10 2016
Name of Federal Candidate:		✗ Support	Office	e Sought:
WILLIS, COLM, , ,		Oppose		President Senate State: OR
Calendar Year-To-Date		28770.30		ursement For: 🗶 Primary 🔲 General
Per Election for Office Sought	7 7	28770.30	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	25.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
()				
(a) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	Electronically File	ed1 _	М	M / D D / Y Y Y Y Y
Signature		Da Da	te 1	0 17 2016

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SE Transaction ID: SE.4378

The Facebook account is set up using David Kilada's credit card. He is reimbursed for these charges.

Form/Schedule: Transaction ID:

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼
				C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Kilada, David, , ,				05 11 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4335 River Rd N			Am	nount
City	State	Zip Code	— Г	100.00
Keizer	OR	97303		ansaction ID : SE.4385 te of Disbursement or Obligation
Purpose of Expenditure Facebook paid by David Kilada's credit card		Category/ Type 006		M M / D D / Y Y Y Y Y 12 2016
Name of Federal Candidate:		X Support	Office So	ught: X House District:05
WILLIS, COLM, , ,		Oppose		sident Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	28870.30	Disbursen 2016	nent For: x Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
KPDQ THE FISH				04
Mailing Address 6400 SE LAKE RD, SUITE 350			Λ	
			Am	nount
City	State	Zip Code		8969.00
PORTLAND	OR	97222		ansaction ID : SE.4530 te of Disbursement or Obligation
Purpose of Expenditure RADIO ADS FOR COLM FOR CONGRESS		Category/ Type 007		04 / 18 / 2016
Name of Federal Candidate:		x Support	Office So	ught: X House District: 05
WILLIS, COLM, , ,		Oppose	Pre	sident Senate State: OR
Calendar Year-To-Date		18969.00	Disbursen	nent For: 🗶 Primary General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• <u> </u>	9069.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Atteberry, Gayle, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	zacaonicany Ph	_ Date	10	17 2016

TEMIZED INDEPENDENT EXPENDITURES	İ			PAGE 28 OF 31
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
KYKN				04 / 28 / 2016
Mailing Address PO BOX 1430			Amour	nt
City	State	Zip Code		2025.00
SALEM	OR	97308		action ID : SE.4532 of Disbursement or Obligation
Purpose of Expenditure RADIO ADS FOR COLM FOR CONGRESS		Category/ Type 007	M	04 / 18 / 2016
Name of Federal Candidate:		X Support	Office Sough	t: X House District:05
WILLIS, COLM, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	20994.00	Disbursemen 2016 O	t For: x Primary General ther (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
Postmaster			M	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1050 Sunnyview Rd NE			Amour	nt
City	State	Zip Code		2.32
Salem	OR	97301		action ID : SE.4351 of Disbursement or Obligation
Purpose of Expenditure		Category/		M / D D / Y Y Y
voter guide		Type 006		04 28 2016
Name of Federal Candidate:		x Support	Office Sough	t: District:
CRUZ, RAFAEL EDWARD 'TED', , ,		Oppose	✗ Preside	ent Senate State:
Calendar Year-To-Date		6.65	Disbursemen 2016	t For: 🗶 Primary General
Per Election for Office Sought	7 7	5.00	²⁰¹⁶ O	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		.	2027.32
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Atteberry, Gayle, , ,	[Electronically File	led1	M = M /	D D / Y Y Y Y Y
Signature		_ Date	10	17 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 31	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination	
Postmaster				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1050 Sunnyview Rd NE			An	nount	
City	State	Zip Code	$ \Gamma$	2.32	
Salem	OR	97301		ansaction ID : SE.4352 tte of Disbursement or Obligation	
Purpose of Expenditure voter guide		Category/ Type 006		04 28 2016	
Name of Federal Candidate:		X Support	Office So	ought: House District: 05	
STEWART, FAYE, , ,		Oppose	Pre	esident Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		2.32	Disburser 2016	ment For: Primary General Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination	
Postmaster				04 / 20 / 2016	
Mailing Address 1050 Sunnyview Rd NE			An	nount	
City	State	Zip Code	— Г	3.79	
Salem	OR	97301	Transaction ID : SE.4353 Date of Disbursement or Obligation		
Purpose of Expenditure voter guide		Category/ Type 006	;	04 / 28 / 2016	
Name of Federal Candidate:		x Support	Office So	ought: House District: 05	
WILLIS, COLM, , ,		Oppose	Pre	esident Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought	1	28743.04	Disburser 2016	ment For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	6.11	
(a) SUBTOTAL of Unitemized Independent Expenditu	res		• •		
(a) TOTAL Independent Expenditures			. •		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
Atteberry, Gayle, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y	
Signature		Date	e 10	17 2016	

TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 30 OF 31	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination	
Postmaster				04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1050 Sunnyview Rd NE			А	mount	
City	State	Zip Code		0.74	
Salem	OR	97301		ransaction ID : SE.4354 ate of Disbursement or Obligation	
Purpose of Expenditure voter guide		Category/ Type 006		04 / 28 / 2016	
Name of Federal Candidate:		X Support	Office S	ought: House District: 05	
WEAVER, PAUL, , ,		Oppose	Pr	esident State: OR	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	3.06	Disburse 2016	ement For: ✓ Primary General Other (specify) ✓	
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination	
Postmaster				M M / D D / Y Y Y Y Y O 2016	
Mailing Address 1050 Sunnyview Rd NE				mount	
				mount	
City	State	Zip Code		2.21	
Salem	OR	97301		Transaction ID : SE.4355 Date of Disbursement or Obligation	
Purpose of Expenditure voter guide		Category/ Type 006		04 / 28 / 2016	
Name of Federal Candidate:		✗ Support	Office S	ought: 🗶 House District: 04	
PERKINS, JO RAE, , ,		Oppose	Pr	esident Senate State: OR	
Calendar Year-To-Date		2.21		ement For: 🗶 Primary General	
Per Election for Office Sought	7 7		2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	2.95	
(a) SUBTOTAL of Unitemized Independent Expenditu	res				
(a) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
Atteberry, Gayle, , ,	[Electronically File	ed1	M = M	/ D D / Y Y Y Y	
Signature		_ Date	e 10	17 2016	

PAGE 31 OF 31 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Oregon Right To Life Victory PAC C00592303 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Postmaster 04 20 2016 Mailing Address 1050 Sunnyview Rd NE Amount City State Zip Code 2.21 OR 97301 Transaction ID: SE.4356 Salem Date of Disbursement or Obligation Purpose of Expenditure Category/ voter guide 006 28 2016 Type Name of Federal Candidate: 04 **X** Support Office Sought: **X** House District: ROBINSON, ART. . . OR Oppose President Senate State: Disbursement For: x Primary General Calendar Year-To-Date 4.42 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Postmaster 2016 20 Mailing Address 1050 Sunnyview Rd NE Amount 0.74 City State Zip Code Transaction ID: SE.4357 Salem OR 97301 Date of Disbursement or Obligation Purpose of Expenditure Category/ voter guide 006 28 2016 04 Type Name of Federal Candidate: 02 x Support Office Sought: **X** House District: WALDEN, GREGORY P MR., , , OR Oppose President Senate State: Disbursement For: **✗** Primary General Calendar Year-To-Date 0.74 2016 Per Election for Office Sought Other (specify) ▶ 2.95 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures 70305.06 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Atteberry, Gayle, , , [Electronically Filed] 17 2016 Date Signature